

2E APPLICATION FOR APPROVALTO USE WATERTREATMENT ADDITIVES

State Form 50000 (R2 / 10-04)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTE:

- This form must be submitted to the IDEM, Office of Water Quality, Industrial NPDES Permits Section when applying for a new or renewal NPDES permit or permit modification.
- The information required by this form must be submitted for each additive submitted for review.

Indiana Dept. of Environmental Management Office of Water Quality - Permits Section

100 N. Senate Avenue Indianapolis, IN 46204 Phone: (317) 234-0864 or

1-800-451-6027 (Indiana Residents Only)

http://www.state.in.us/idem/owm/appforms.html

INTRODUCTION

All dischargers are required to disclose information on the water treatment additives in use and to demonstrate that such additives will not be harmful to aquatic life.

To assure that all discharges from treatment systems using water treatment chemicals meet Indiana Water Quality Standards, when applying for a new or renewal NPDES permit or permit modification. During the preparation of the NPDES permit or modification, this information may be used to establish permit limitations which comply with all Indiana Water Quality Standards. Additionally, if a permittee changes water treatment additives during the term of their NPDES permit, the following information must be submitted to the Industrial NPDES Permits Section, and approval of the change must be received prior to use of the new product(s).

The information required by this form must be submitted for each additive submitted for review. Some of this information may come from the Material Safety Data Sheet (MSDS) for the additive and should be included with this application. It should also be noted that biomonitoring of the effluent for the affected outfall(s) may be required. Please provide the following information for each additive. The following information must be submitted to the IDEM, Office of Water Quality, Industrial NPDES Permits Section

	PAR	RTA:	GENERA	L INFORM	ATION		
1.	Name of authorized official (first, last):						
2.	Name of facility:						
3.	Mailing address:						
City	C.			State:	ZIP Cod	e:	
	CONTACT PERSON						
4.	Name of primary contact person (first, last):						
5.	Phone number:		6. E-mai	l address (option	al):		
	FACILITY						
7.	Facility address:						
City	y:	State:		ZIP Code:		County:	
8.	Phone number:			9. E-mail add	ress (optional):	·	
10.	NPDES Permit Number(if facility has an ex	isting pe	ermit):				

Indiana Department of Environmental Management Office of Water Quality

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PARTB: ADDITIVE DETAILS
11. Name of water treatment additive
New Previously Approved
12. Chemical composition of the water treatment additive ¹ :
13. What is the feed or dosage rate in grams/24 hr. period. (This may be provided in fluid ounces):
14. If more than one Outfall is covered by this permit, which Outfall does the use of this water treatment additive affect? A separate form is required per additive for each affected outfall:
15. Name any ingredient(s) that may be present and may cause toxicity at the proposed Outfall. If known, provide the discharge concentration of the ingredients (mg/I):
16. Provide the location where the additive is put into use ² :
17. Provide the duration of use for the additive (hours per day and days per year):
hours/daydays/year
PART C: ADDITIVE CONCENTRATION
18. Concentration (mg/l) of the water treatment additive
used in the treatment system: 19. The concentration (mg/l) of the water treatment additive
used in the final discharge (if known):
20. Discharge concentration of the water treatment additive
(mg/l): 21. Please explain how the final discharge concentration stated for item # 20 was arrived at ² :
22. Provide a description and method used to control the use of the water treatment additive. What are the procedures on how to maintain this concentration within the system ?:

¹ Proprietary information may be submitted separately by the manufacturer or distributor and will be kept confidential. ² If necessary, this information may be provided on supplementary attachments.

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PART D: SYSTEM & DISCHARGE DETAILS		
23. Provide the hardness of the discharge water:		
24. The temperature of the treatment system using the water treatment additive (specify °F or °C):	$\circ_{\!F}$	°C
25. The Blowdown Rate (MGD) from the treatment system using the water treatment additive:		
26. The average flow (MGD) of all waste streams being discharged through the affected Outfall:		
27. The pH of the treatment system using the water treatment additive:		
PARTE: CHEMICAL PROPERTIES/TOXICITY DATA		
For determining safe concentrations of the water treatment additives, the following informat submitted or addressed. Submit the supporting documentation (i.e., Material Safety Data Sh this application.		
28. Toxicity (LC50) of the additive ³ :		
29. Test species ⁴ :		
30. Please explain, or provide attachments to explain, the relation of toxicity to pH:		
31. Please explain, or provide attachments to explain the relationship of toxicity to water hardness:		

³ As determined by 96-hour flow through bioassays for fish (preferably fathead minnow (*Pimephales promelas*) or bluegill (*Lepomis macrochirus*) for warmwater species or rainbow trout (*Salmo gairdneri*) for coldwater species) and a 48-hour static renewal for invertebrates (preferably of the genera Daphnia or Ceriodaphnia). Testing procedures to determine LC50 values should follow U.S. EPA Guidelines. Static bioassays are acceptable only if the treatment chemical is persistent. The test temperature should be maintained at 20° Celsius (68° Fahrenheit) for coldwater species and at 30° Celsius (86° Fahrenheit) for warmwater species (higher test temperatures are chosen in order to simulate worst case conditions. Lower test temperatures may be used only if the thermal tolerance of the chosen representative aquatic species is below the recommended test temperatures).

⁴ The test species selected should be characteristic of the more sensitive representative aquatic species in the receiving stream.

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Product persistence in the environment and N Octan	MICAL PROPERTIES nol-Water Partition Coefficient and Bioconcentration Factor
(BCF) (if available). 32. Provide the decay rate of the product, if known. This should be system ⁵ . (Please provide copies of the sources of this data as atta	be stated at a pH level within ½ pH standard unit within the handling archments to this application.):
33. Provide any additional information or attach any additional de additive:	ocumentation to help in evaluating the use of this water treatment
permit limitations, or permit modification, if the dischar toxicity data that will enable IDEM to establish permiss information is not sufficient to allow for the establishme requested. Proprietary information regarding the chemical compositin accordance with the terms of 327 IAC 12.1. Claims of information must be properly marked, segregated and segrequesting confidentiality must provide justification as the maintained as a trade secret, privileged information or control that the following and must signature attests to the following:	bible concentrations in each individual case. If the initial ent of a safe concentration, additional information will be ition of any water treatment additive will be kept confidential of confidentiality must be made at the time of submittal; the ecured at the time of submittal; and the person or company to why the information meets the criteria for it to be
supervision in accordance with a system designed to evaluate the information submitted. Based on my inqu	assure that qualified personnel properly gather and uiry of the person or persons who manage the system, or information, the information submitted is, to the best of my am aware that there are significant penalties for
(Printed Name)	(Title)
(Signature)	(Date Signed (mm/dd/yyyy))

⁵ The half life is the time required for the initial product to degrade to half of its original concentration.

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify any person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with AOPA and to avoid reversal of a decision, please list all such parties. The letter attached to this form will further explain the requirements under the AOPA. Attach additional names and addresses on a separate sheet of paper, as needed. Please indicate below the type of action you are requesting.

Street City State ZIP City State ZIP Name Name Street City State ZIP Name Street City State ZIP Name Name Street City State ZIP Name Street City State ZIP Name Street City State ZIP Name Name Street City State ZIP Name Name Street City State ZIP Name Street City State ZIP City State ZIP City State ZIP City State ZIP City State ZIP City State ZIP City State ZIP Date Printed Name Facility Name Address	Name	Name	
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City State ZIP			
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Please complete this form by signing the following statement: I Certify that to the best of my knowledge I have listed all potentially affected parties, as defined by IC 4-21.5. Signature			
Printed Name Facility Name Address Type of Action: (check one) NPDES Permit-327 IAC 5 Land Application Permit-327 IAC 6 Confined Feeding Approval-IC 13-18-10 Sewer Ban Waiver Request-327 IAC 4 Operator Certification-327 IAC 4	Signature	Date	\neg
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Type of Action: (check one) NPDES Permit-327 IAC 5 Land Application Permit-327 IAC 6 Confined Feeding Approval-IC 13-18-10 Sewer Ban Waiver Request-327 IAC 4 Operator Certification-327 IAC 4	Printed Name		
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NPDES Permit-327 IAC 5 Land Application Permit-327 IAC 6 Confined Feeding Approval-IC 13-18-10 Sewer Ban Waiver Request-327 IAC 4 Operator Certification-327 IAC 4	Facility Name		
Land Application Permit-327 IAC 6 Confined Feeding Approval-IC 13-18-10 Sewer Ban Waiver Request-327 IAC 4 Operator Certification-327 IAC 4 Office of Water Quality, NPDES Permits Section 100 North Senate Avenue Indianapolis, IN 46204	Facility Name		
Confined Feeding Approval-IC 13-18-10 Sewer Ban Waiver Request-327 IAC 4 Operator Certification-327 IAC 4	Facility Name Address Type of Action: (check one)	Return To:	
Sewer Ban Waiver Request-327 IAC 4 Operator Certification-327 IAC 4	Facility Name Address Type of Action: (check one) NPDES Permit-327 IAC 5	Return To: INDIANA DEPARTMENT OF ENVIRONMENT Office of Water Quality, NPDES Permits Section	
Operator Certification-327 IAC 4	Type of Action: (check one) NPDES Permit-327 IAC 5 Land Application Permit-327 IAC 6	Return To: INDIANA DEPARTMENTOF ENVIRONMENT Office of Water Quality, NPDES Permits Section 100 North Senate Avenue	
•	Type of Action: (check one) NPDES Permit-327 IAC 5 Land Application Permit-327 IAC 6 Confined Feeding Approval-IC 13-18-10	Return To: INDIANA DEPARTMENTOF ENVIRONMENT Office of Water Quality, NPDES Permits Section 100 North Senate Avenue	
	Facility Name Address Type of Action: (check one) NPDES Permit-327 IAC 5 Land Application Permit-327 IAC 6 Confined Feeding Approval-IC 13-18-10 Sewer Ban Waiver Request-327 IAC 4	Return To: INDIANA DEPARTMENTOF ENVIRONMENT Office of Water Quality, NPDES Permits Section 100 North Senate Avenue	

Construction Permit-327 IAC 3

REQUEST FOR INFORMATION

We request that you fill in the blanks on this form and return it along with your NPDES PERMIT application. The information provided will be helpful in our personal contact with officials of your municipality, industry or other facility in assuring prompt delivery of correspondence, etc. Thank you for your cooperation.

Facility Name:		
Address:		
City:	State:	ZIP:
Telephone:		
DISCHARGE MONITO		
(ADDRESS WHERE IDI	EM IS TO SEND PR	E-PRINTED DMRS)
Name:		Title:
Address:		
City:	State:	ZIP:
Telephone:		
Cognizant Official (Represe	•	. • ,
OWNER ADDRESS		
Owner Name:		Title:
Address:		
City:	State:	ZIP:
Telephone:		
WASTEWATER TREAT	MENT PLANT OPE	RATOR/SUPERINTE
ADDRESS		
ADDRESS		
		Certificate No.
Operator Name:		Certificate No.

OWNER/OPERATOR AFFIDAVIT TO DETERMINE THE APPROPRIATE NPDES PERMITTEE(S)

327 IAC 5-2-3(c) requires the operator to apply for and obtain the NPDES permit for the NPDES discharge, unless the operator is an employee of the owner of the facility (in which case it is the owner's responsibility to apply for and obtain the NPDES permit). This is consistent with the federal regulations at 40 CFR 122.21(b). Additionally, pursuant to 327 IAC 5-2-6(c), the permittee is required to notify IDEM if there is a change in either the ownership or the operation of the wastewater treatment plant.

When an NPDES permittee contracts with a private firm to operate its wastewater treatment plant, and the contractual agreement is one in which the private entity is not an employee of the owner, the permit should be issued to the private firm. Some contractual arrangements may have been made without knowledge of this rule requirement, and the contract may not have been adequately set up to reflect the private firm as the sole permittee. Or the private contractor may not want to be the sole permittee. Therefore, in such instances EPA has suggested that the permit be issued to both the owner and to the private contractor, as co-permittees.

In order to help us to determine who should be listed on the NPDES permit as the permittee(s), please complete the following information:

(Ow	(Operator's signature)	
acco subm gathe comp	ertify under penalty of law that this document and all attachments were prepared under my direction or supervision in ordance with a system designed to assure that qualified personnel properly gather and evaluate the information mitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible pering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and plete. I am aware that there are significant penalties for submitting false information, including the possibility of fin imprisonment for knowing violations."	or
7.	If the answer to #6 is "No", the NPDES permit will be issued to both the owner and operator as co-permittees.	
	YES NO N/A	
6.	If the answer to #5 is "No", is the operator willing to be the sole permittee?	
5.	Is the operator an employee of the owner? YES NO	
	Operator's Mailing Address:	
	(individual or legal business name)	
4.	Operator's Name:	
	Owner's Mailing Address:	
٥.	(individual or legal business name)	
3.	Owner's Name:	
2.	NPDES Permit No.:	
1.	Facility Name:	

Please complete this form and return it to IDEM, Office of Water Quality, Municipal NPDES Permits Section 100 North Senate Ave.
Indianapolis, IN 46204

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

GENERAL INFORMATION FORM

(TO BE SUBMITTED WITH FORMS 2C, 2D AND 2E)

(Replaces EPA General Form 1)

Name of Facility:			
Facility Contact Name:			
Adress:			
City or Town:			
Telephone: Work:	Home:		
Certified Operator Name:			
Certification #:			
Classification:		_	
City or Town:	State	e: ZIP Code: _	
Telephone: Work:	Home:		
4. Facility Mailing Address:			
Street or P.O. Box:			
City or Town:	State	e: ZIP Code:	
5. Facility Location:			
Street, Route No. or Other Specific	Identifier:		
6. Type of Permit Action: New Renewal M	odification		
7. EPAI.D. Number:			

8. or a			acility (either existing or proposed) include a concentrated animal feeding operation duction facility which results in a discharge to waters of the state? (Form 2B)
	Yes	No	Form Attached
9.	Is this a fac (Form 2C-P	ility whi	ch currently results in discharges to waters of the state other than described in 8? Wastewater or Form 2E-Nonprocess Wastewater)
	Yes	No	Form Attached
	Is this a p	roposed	d facility (other than described in 8) which will result in a discharge to waters of the state?
	Yes	No	Form Attached
11.	SIC Codes	s (4-digi	t, in order of priority)
	First:	1 1	Specify:
			Specify:
	Third:		Specify:
	Fourth:		Specify:
12.	Existing Er	nvironm	nental Permits (Identification #)
	NPDES (D	ischarg	ges to Surface Waters):
	UIC (Unde	erground	d Injection of Fluids):
	RCRA (Ha	zardou	
	PSD (Air E	Emission	ns from Proposed Sources):
			Specify:
			Specify:
13.	Nature of E	Busines	ss (Provide a Brief Description)

14. Map

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluid underground. Include all springs, rivers and other surface water bodies in the map area.

13. Siulialule Diuck	Signature Bloc	lock:
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This application must be signed by a person in responsible charge to be valid. This signature attests to the following:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations".

(Printed Name)	(Title)	
(Signature)	(Date Signed)	

Return Completed Application and Associated Materials to:

Indiana Department of Environmental Management Office of Water Quality, NPDES Permits Section 100 North Senate Avenue Indianapolis, Indiana 46204

INDUSTRIAL NPDES PERMIT APPLICATION REVIEW CHECKLIST Form 2E

The outfall number, Lat./Long., and receiving stream.

The anticipated discharge date for a new discharger.

The type of wastewater and any water treatment additives used.

The applicant must provide analytical results for all pollutants listed in Part IV unless they obtain a waiver from us first.

A description of any intermittent or seasonal discharge.

A description of the wastewater treatment system.

Other information that the applicant believes should be brought to the attention of the permit writer.

The name, title, phone number, signature and date signed of the person who is filing the application.

Additional Information

Water Treatment Additives MSDS including aquatic toxicity information (LC50)

Zebra Mussel Controls



Application for Permit to Facilities Which Do Not Discharge Process Wastewater (OWO Industrial NPDES Application 2E)

					(Owt	2 Inaus	triai NP	DES App	lication 2	L)			
EPA Identification	on Number (copy from I	Item 1 of Fo	orm 1)									
I DECEIVA	CWATER												
I. RECEIVN						41		2424					
For this outfall				na the n				ater.			D DECEIVIN	G WATER(name)	
A. OUTFALL		LATITUD 2. MIN.	3. SEC.	1. DE		<u>NGITUI</u> . MIN.	3. SEC	C.			D. RECEIVIN	O WATER(Halle)	
NUMBER													
II. DISCHAR	RGE DATE	E (If a nev	v discharg	ger, the	date y	ou expe	ect to be	egin discl	arging)				
III.TYPE OF	WASTES												
Sanitary Wa		estaurant o	r Cafeteria	Wastes	N	on-conta	act Cooli	ing Water			ocess Wastewat		
B. If any coo	oling water a	idditives a	re used, lis	t them h	ere. Br	iefly de	scribe th	neir compo	sition if th	is infori	nation is avail	able.	
IV.EFFLUE													
A. Existing Sou	arces – Provide	measureme	nts for the pa	rameters l	listed in th	he left ha	nd columr	n, unless wai	ved by the pe	ermitting	authority (see insi	ructions).	
B. New Dischar	rgers- Provide	estimates for	the paramet	ers listed i	in the left	-hand col	lumn belo	w, unless wa	ived by the p	ermitting	authority. Instea	d of the	
number of measur	rements taken,	provide the	source of esti			struction	s).					T	
Dell					(1) kimum					2)		(3)	or (4)
	rameter	Pollutant or						Average Daily Value (<i>last year</i>)				Number of	Source of Estimate
I Par			1	L)ailx	z Value.				Value (1	ast vear	-)	I Measurements	(it now
Pai	rameter				y Value de units)				ast year le units,		Measurements Taken	(if new discharger)
Par	rameter		Ma		de units	entratio	on	N		le units,			(if new discharger)
a. Biochemical Ox Carbonaceous Cas No. E10106			M	(includ	de units		on	M	(includ	le units,	· 	Taken	
a. Biochemical Oxy Carbonaceous	ygen Demand,	s in	Ma	(includ	de units		on	M	(includ	le units,	· 	Taken	
a. Biochemical Ox Carbonaceous Cas No. E10106 b. Escherichia coli count/100ml)	ygen Demand, li (E-coli - unit		M	(includ	de units		on	M	(includ	le units,	· 	Taken	
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a. Biochemical Oxy Carbonaceous Cas No. E10106 b. Escherichia colicount/100ml) Cas No. I-1000 Fecal coliform (un No. I-1000 Chemical Oxygen E10107 Dissolved Oxygen Cas No. E-14539 Total Dissolved Sol 10173 Total Organic Carbo Total Suspended Sol 10162 Ammonia (as N) Ca	ygen Demand, li (E-coli - unit lits in count/10 Demand (CO. (DO) lids (TDS) Ca on (TOC) Cas blids (TSS) Cas as No. 7664-41	00 ml) Cas D) Cas No. s No. E- No. E-10195 s No. E- -7		(includ	de units			M	(includ	le units,	oncentration	Taken	
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a. Biochemical Oxy Carbonaceous Cas No. E10106 b. Escherichia colicount/100ml) Cas No. I-1000 Fecal coliform (un No. I-1000 Chemical Oxygen E10107 Dissolved Oxygen Cas No. E-14539 Total Dissolved Sol 10173 Total Organic Carbo Total Suspended Sol 10162 Ammonia (as N) Ca Flow Temperature (Wint 14540 Temperature (Sumi 14540 Hardness, Total (a:	ygen Demand, li (E-coli - unit lits in count/10 Demand (CO (DO) lids (TDS) Ca on (TOC) Cas blids (TSS) Cas as No. 7664-41 ter) (Cent.) C mer) (Cent.) C	D) Cas No. S No. E- No. E-10195 S No. E- -7 as No. E-		(includass	de units		C	MAXIMUN	(includass	le units,	oncentration	Taken	

EPA Identification Number (copy from Item 1 of Form 1)	Outfall Number		
V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?			
If yes, briefly describe the frequency of flow and duration.			
VI. TREATMENT SYSTEM (Describe briefly any treatment system	n(s) used or to be used)		
, , , , , , , , , , , , , , , , , , ,	(1), 11, 11, 11, 11, 11, 11, 11, 11, 11,		
VII. OTHER INFORMATION (Optional)			
Use the space below to expand upon any of the above questions considered in establishing permit limitations. Attach additional		rmation you feel sl	hould be
considered in establishing permit inimations. Attach additional	sheets, if necessary.		
VIII. CERTIFICATION			
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to			
assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am			
aware that there are significant penalties for submitting false information,			ete. I am
A. Name & Official Title	B. Phone No. (area code & no.)		
	, , , , , , , , , , , , , , , , , , , ,		
C. Signature	D. Date Signed		